

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LIV.

THURSDAY, MAY 1, 1856.

No. 13.

## TWO CASES OF RARE CARDIAC LESIONS.

BY HOMER O. HITCHCOCK, M.D., HOUSE PHYSICIAN TO BELLEVUE HOSPITAL,  
NEW YORK CITY.

[Communicated for the Boston Medical and Surgical Journal.]

**CASE I.—Rupture of the Mitral Valve, complicated by Double Pneumonia.** Mary White, aged 35, a native of Ireland, was admitted to Bellevue Hospital, Dec. 10th, 1855.

This patient was originally of good constitution, which, however, had been impaired by poverty and intemperate habits. During the past six months she has suffered occasionally from chills and fever. She has never had rheumatism, nor has she been subject to palpitation of the heart, dyspnoea or cough.

Four days previous to admission, she was suddenly seized, in the night, with severe pain in the cardiac region, difficulty in breathing, and a dry cough. Shortly afterwards, she began to expectorate tenacious, bloody sputa. These symptoms continued until her admission to the Hospital. The pain had somewhat abated, but she still suffered from orthopnoea, and an harassing cough, with the bloody, viscid sputa above mentioned. The pulse in the right wrist was small and frequent, about 112; while in the left, it could not be felt at all. Under the use of stimulants, however, the pulse of the right wrist became fuller, and that of the left became apparent, but was always small.

On physical examination, nothing abnormal was observed by inspection or palpation. There was a slight increase in the area of dulness over the heart, but not any, or but *very slight*, dulness over the rest of the chest in front. Percussion-signs behind, normal. A distinct systolic murmur, of a rough, blowing character, and very like the friction-sound of pericarditis, was heard all over the front of the chest, but most distinctly in the præcordial space. This sound was distinctly heard, also, posteriorly, in the inter-scapular space, and along the course of the aorta, to its bifurcation. Anteriorly, as low down as the fifth rib, was heard a fine crepitant râle. The respiratory murmur was harsh, but not bronchial, and the vo-

cal resonance, though slightly increased, could not be called bronchophonic. Posteriorly, the auscultatory signs were perfectly normal, except as mentioned.

The sputa were examined under the microscope, and found to contain blood in abundance, with but very few exudation-elements. No material change occurred in any of the physical signs, from the time of her admission until her death.

From its singularity, it was regarded as a *case for diagnosis*, and the patient was frequently and carefully examined by a number of physicians. As to the lungs, opinions were divided between pneumonia and congestion; with regard to the heart, pericarditis, mitral disease, rupture of the mitral valve, and aneurism, were all suggested, though no one of them was satisfactorily indicated. Opinions, however, inclined to aneurism. One of the visiting physicians thought he detected a thrill, a few days previous to the death of the patient, a little to the right of the sternum, at the junction of the third costal cartilage. It should be noted of the crepitant râle, that, though always present on both sides, it would occasionally be more abundant on one side than the other. There was at no time any nearer approach to bronchial respiration and bronchophony than was first noted.

The disease yielding to no treatment, the patient became exhausted, and died, February 23d.

*Autopsy, 22 hours post-mortem.* The superior lobes of both lungs were in a state of red hepatization, passing into the grey stage. All over the surface of the hepatized portion, both anteriorly and posteriorly, was a layer of crepitant tissue about one third of an inch in thickness.

The heart weighed sixteen ounces. Its tissue seemed firm and healthy; the right side was distended with blood. The aorta presented numerous patches of atheroma. Aortic valves sufficient, but thickened along their free margins. The superior curtain of the mitral valve was ruptured near its attached margin, leaving an opening, a third of an inch in diameter, its edges being heavily fringed with fibrinous vegetations.

Other organs healthy.

*CASE II.—Hypertrophy of the right Ventricle of the Heart, with three Fibrous Tumors in its Walls.* Hugh Brady, an Irish laborer, aged 40, was admitted to Bellevue Hospital, January 26th, 1856. Born of healthy parents, he had always been a very robust man; accustomed to the moderate use of liquor, though rarely getting drunk. Twenty years ago he had syphilis, but he had not been salivated. Five years since, he had rheumatism in the right knee and ankle, which annoyed him for three weeks, but did not confine him to the house.

It is now two years since he fell down stairs, and struck heavily between the shoulders. From this, however, he seemed to experience no trouble, except a little stiffness for a few days. Twelve months after, he began to suffer, without any assignable cause, from

shortness of breath. He noticed, at the same time, that his face would become very livid if he stooped, but it was not then swollen. He observed, too, that after stooping, he would feel very dizzy and be obliged to grasp something to steady himself for a minute. He had never raised blood nor had a cough. About six months ago, he first noticed that his face began to be œdematous, especially after lying down. His lower extremities also became somewhat swollen. Since then, the superficial veins of the chest and upper extremities have become turgid and varicose. One week ago his condition became rather suddenly worse, and he had some difficulty in swallowing.

On admission, he complained of nothing but the swelling of his face, shortness of breath, and difficulty of swallowing, which he ascribed to something in his throat choking him. When at rest, in a sitting posture, he breathed with comparative ease; but on lying down, the dyspnœa would sometimes become intense. When he slept, his breathing was loud and stridulous. There was no cough, and no palpitation, excepting after exercise. His appetite was good, and his bowels regular.

I cannot better nor more truly describe his general appearance, than by quoting Dr. Thomas Watson's graphic description of a man suffering from aneurism of the thoracic aorta. "He presented a most extraordinary spectacle. His face, neck and arms were tumid and anasarctous to an enormous degree; while there was scarcely a trace of swelling or œdema anywhere below the ribs. He looked as if his upper half had been stuffed; and, except that it was distressing, his appearance was extremely comical. His countenance was livid; his eyes seemed starting from their sockets. The integuments of his neck and chest were quite brawny; and the surface of the thorax in front, was embossed by numerous veins, which were turgid with blood." This was not more marked on one side than on the other. The sides of the chest expanded equally on a forced inspiration. The upper part of the sternum was quite prominent.

Nothing abnormal was observed on palpation, except increased extent and force of the cardiac impulse. Percussion gave dullness over the whole of the sternum, and to an extent of two and a half inches to the right of the median line above the nipple. Præcordial dullness, double its normal extent. Over the whole anterior part of the chest, especially at the right of the sternum, over the base of the heart, there was a loud, harsh, systolic murmur, which was transmitted, though not strongly, to the carotids. Vocal resonance and respiration normal on the left side, but bronchial respiration and bronchophony on the right. No well-marked thrill was felt anywhere over the chest. The loud murmur, before mentioned, was plainly to be heard all over the posterior part of the chest, and along the course of the aorta, to its bifurcation.

The pulse was small, a little larger in the left wrist than the right. Pulsations 96, and regular. The point of apex-beat was indeter-

minate, though the epigastric pulsations were evident. No marked pulsations felt behind the clavicles, nor in the jugular fossæ.

The case was examined by many physicians, and no one hesitated to give as his diagnosis, "aneurism of the arch of the aorta, pressing on the vena cava descendens."

There was no change noticed in the symptoms or physical signs presented by the patient until his sudden death, at 2 o'clock, A. M., February 5th. The day before, he had a severe fit of choking, but nothing more unusual happened, until the next morning, when he rose from his bed to get a drink of water. He said to one of the patients, he would like to pour some cold water on his head, for it felt badly. He took up his chamber to urinate—it dropped from his hands; he fell backwards upon his bed, striking his head against the wall, and before assistance arrived, he was dead. There was no more facial congestion at the time of his death, than usual.

*Autopsy, 7 hours post-mortem. Head.*—Scalp, very much congested; dark, venous blood flowing freely on its section. Lateral and longitudinal sinuses were gorged with blood. Membranes of the brain were not markedly congested. No sub-arachnoid effusion. On section, the substance of the brain exhibited numerous bleeding points; otherwise it seemed perfectly healthy.

*Thorax.*—Each pleural cavity contained about six ounces of serum. The left lung was in a perfectly normal condition. The right was bound to the costal walls by old adhesions which covered its surface, and this accidental tissue was infiltrated with serum.

The heart weighed twenty-six ounces. Pericardium, everywhere firmly adherent to the surface of the organ. As it lay in position, it seemed to have been crowded upwards, and to the right. The right ventricle extended an inch and a half to the right of the sternum. The aorta, for the space of two inches, as it left the heart, was dilated to nearly twice its normal diameter. On its posterior aspect, about an inch and a half above the aortic valves, there was a small sacculated aneurism, of the size of a hickory nut. The artery presented numerous patches of atheroma, and, in several points, the internal and middle coats were destroyed.

The most apparent and marked peculiarity about the heart, was the great hypertrophy of its right ventricle. This was found, on examination, to be caused, not by hypertrophy of the muscular walls alone (though there was much of this), but by the development of three firm, fibrous tumors within the walls of the ventricle. They were ovoid in shape, and nearly an inch in diameter. Two of them were situated in the anterior, and one in the posterior wall. The superior half of the ventricle was narrowed by the encroachments of these fibrous growths, to the diameter of the pulmonary artery. There was considerable atheromatous deposit in the lining membrane of the ventricle. The valves were entirely healthy.

Microscopic examination of these tumors showed only the usual elements of fibrous tumors occurring in other organs. This specimen was presented by Dr. Geo. T. Elliot to the Pathological Soci-



ety of New York, and elicited a discussion of much interest. No one of the members present had ever seen a similar specimen, and no one remembered to have seen a record of one. The specimen is now in the possession of that eminent pathologist, Dr. Alonzo Clark.

*Bellevue Hospital, March 25th, 1856.*

---

ON THE PRACTICAL APPLICATION OF CHLOROFORM AS A TOPICAL ANÆSTHETIC TO MUCOUS AND CUTANEOUS SURFACES.

---

(From the unpublished works of Prof. SIMPSON, of Edinburgh.)

In 1848, my essay on local anæsthesia and its artificial production by chloroform, &c., was printed in two English medical journals.\* In 1853, Dr. Hardy, of Dublin, published in the November number of the *Dublin Quarterly Journal of Medical Science*, an interesting communication on the same subject, entitled, "On the Local Application of the Vapor of Chloroform in the Treatment of various Diseases."

The principal peculiarity in Dr. Hardy's essay consisted in the proposal of a special valved instrument—the anæsthetic douche as he termed it—for the purpose of applying in an intermittent stream, the vapor of chloroform to any part or surface that was wished to be affected.

But in projecting a stream of chloroform vapor upon any point, I have generally made use merely of a common enema syringe; and it will be found, I believe, to serve as well, if not indeed better, than any of the complex and expensive special instruments invented for the purpose. In fact, a larger and more powerful stream of vapor can be kept up by an enema syringe than by any of the special anæsthetic douches which I have seen.

Any of the usual forms of pea-valve enema syringe will answer the purpose, provided their lower or receiving extremity be immersed in the vapor of chloroform, and the instrument worked in the usual way employed for the transmission of water or other liquids. The vapor of chloroform, &c., or rather of air loaded with the vapor, passes readily through the canal of the syringe, and is projected in an intermittent stream from its orifice.

The syringe which I have generally used for this purpose, is the barrel syringe of Mr. Higginson.† It consists of three pieces of caoutchouc tubing, the middle or thickest portion being provided

\* See *Lancet and Medical Association Journal* for July, 1848.

† Dr. Hardy's original Anæsthetic Douche "was formed of a caoutchouc bottle, having attached to one side of it a metallic chamber and egress pipe provided with two valves to regulate the admission and the egress of air and vapor. The metallic chamber was perforated at the side to admit a sponge sprinkled with chloroform, and this perforation was closed with a screw stopper." See figure of the instrument in *Dublin Journal of Medical Science* for November, 1853. Subsequently Dr. Hardy invented and used another Anæsthetic Douche, far more complex and expensive, of which he has given a description and drawing in the *Dublin Medical Press* for April 1854. It was proposed to take out a patent for the douche.—(See *Medical Press* for April 26, p. 268.)

‡ These syringes can be procured in this city, from Messrs. Codman & Co., Tremont Street.—H. R. S.

at either extremity with the common pea or ball valve, and altogether forms, in my opinion, by far the simplest, most durable, and at the same time the cheapest description of syringe yet suggested for injecting fluids into the rectum or vagina. When used for the transmission of chloroform vapor, it requires to be worked in the usual way for the transmission of liquids, but with its lower or inferior extremity placed in air loaded with the vapor of chloroform. In order to effect this last arrangement, all that is necessary is to place this lower extremity of the instrument in the neck of a phial or bottle containing liquid chloroform. The lower extremity of the barrel-enema syringe is generally made of the size and form of the two last joints of the little finger; and the tube is encircled with a projecting ridge or shoulder above this point. When employed as an anæsthetic douche, this finger-like end of the instrument is passed into the neck of a chloroform bottle sufficiently large to admit it easily; whilst at the same time the circular projecting ridge of the tube rests on the mouth of the phial. For this purpose the common six-ounce phial or bottle, with a mouth four or five lines wide, answers perfectly. An ounce of chloroform placed in the bottom of the phial will enable it to serve as an anæsthetic douche for a long time. Before using it, the shaking of the bottle will impregnate the air in it more thoroughly with chloroform vapor. When patients themselves employ the syringe and bottle, perhaps it will be found necessary to explain to them that they are not to inject the liquid chloroform through the tube, but only the vapor of it, or rather air loaded with the vapor.

The preceding simple arrangement converts a common enema or vaginal syringe into an anæsthetic douche, equally, or indeed more, powerful than the ingenious instrument specially invented by Dr. Hardy for the purpose. As a proof of this, let me merely state, that in various trials upon various individuals, I have never seen the stream of vapor from Dr. Hardy's instrument, when fully charged, produce a state of general anæsthesia when the jet from it was projected into the mouth; but I have found that result to follow in some instances when the same experiment was made with the stronger and more sustained stream of chloroform vapor sent through the common syringe.

When the inferior end of the enema syringe employed is of such a shape that it will not pass into the neck of a bottle containing chloroform, other arrangements may be required to supply it with chloroform vapor. For this purpose the lower end of the syringe may be placed upon the hollow of a concave sponge bedewed with chloroform; or a piece of lint, flannel, or the corner of a handkerchief, or other such material, freely wetted with it, may be lightly rolled around the lower extremity of the instrument. Sometimes, with the same view, I have placed the end of the syringe in the bottom of a cup or tumbler in which there was a bit of sponge or lint soaked with chloroform; for the vapor of chloroform being nearly four times heavier than atmospheric air, fills always the lower part of

such a vessel. By any of these means a sufficient quantity of chloroform vapor can be supplied to fill the instrument, and to make a stream of it pass from its superior orifice, when the syringe is worked in the usual manner for transmitting liquids.

I have used the injection of chloroform vapor into the vagina by the preceding method, in many cases of painful and neuralgic conditions of the uterine and pelvic organs. In most instances, after the first sensations of warmth produced by the injection have passed away, relief has been found to follow for a greater or less length of time; and to sustain this state of freedom from suffering, the injection has generally required to be repeated by the patient after the lapse of a few hours. This treatment has appeared to me more particularly useful in neuralgic states of the uterine organs and passages; in those organic diseases that are occasionally accompanied with suffering, as carcinoma uteri; in some cases of severe feelings of bearing down, and incapacity to stand and walk, complicated with displacements and enlargements of the uterus; and in various spasmodic conditions of the uterus attended with pain, as in threatened abortions; in after-pains; and most markedly in severe dysmenorrhœa. But at the same time I would beg to remark that in various instances in which the preceding morbid states were present, and in which I fully expected the usual anodyne effect of the vapor to be experienced, the treatment has failed to give the usual relief; probably because the mere superficial anæsthesia which results from the anæsthetic vapor was not sufficient in depth or in degree to produce an anodyne effect. In other instances, on the contrary, in consequence, perhaps of the peripheral extremities of the nerves distributed to the genital mucous surface being specially affected, or having a special reflex influence upon the deeper-seated parts and pains, the chloroform vapor has succeeded in not only producing temporary relief, but in producing even a speedy and permanent cure, under circumstances where the previous duration and severity of the symptoms seemed, *a priori*, to forbid the hope of a restoration to health by this means alone. I had, for example, lately under my care, a patient who, in consequence of severe pelvic or uterine pain, had been obliged to keep the supine position upon the bed or sofa for nearly six months previously. All attempts at standing or walking brought on renewed paroxysms of suffering. The uterus was slightly retroverted, but otherwise appeared healthy. After being brought with some difficulty to Edinburgh from a distant part of England, the only treatment to which she was subjected consisted of the injection of chloroform vapor several times a day into the vagina, which at once relieved, and ultimately altogether removed, the uterine pains. Within a week, the morbid sensibility of the parts entirely disappeared. There was, about a month subsequently, a short relapse, in consequence of indiscretion in exercise and exposure to cold, but the attack speedily yielded to the same treatment. I never had the pleasure of watching such a speedy and perfect restoration to health

and happiness from that state of hystericalgia which so often entails upon patients misery and suffering for long months and years.

I have repeatedly applied chloroform to the maternal passages during labor in cases of rigidity of these passages, and particularly in rigidity of the cervix uteri when co-existing with morbid irritability and sensibility of the parts. In these instances I have used, sometimes, the chloroform vapor injected by the usual means; sometimes a few drops of fluid chloroform, mixed up with oil, or with a small solid mass of butter or ointment. The practice has appeared to me to be very often followed by two beneficial results—first, the abatement of the supersensibility of the maternal canals; and secondly, very often also with an increased secretion of mucus, and apparently an increased susceptibility to relaxation and dilatation in the rigid structures.\*

In the preceding remarks I have hitherto spoken of chloroform when applied as a local anæsthetic to the genital mucous canals. Its local anæsthetic action on other mucous surfaces has not yet been much studied. I have seen, however, the injection of the vapor of chloroform into the rectum, useful also in some instances of morbid irritability and sensibility in the lower end of the intestinal canal, in tenesmus, &c. The mucous membrane of the eye seems in most individuals—especially in its diseased states—too irritable to bear the contact of very concentrated chloroform vapor, such as I employed in some early experiments; but in cases of photophobia and supersensibility to light connected with scrofulous ophthalmia, &c., the vapor of chloroform, diluted with air or aqueous vapor, acts sometimes very markedly and beneficially as a local anæsthetic. I have seen the intolerance of light connected with ulcerative corneitis at once relieved by exposing the eye to the vapor of chloroform, raised by pouring a small quantity of the fluid into a cup of warm water. The patient will thus sometimes immediately be enabled to open the eye freely and without pain; and the chloroform vapor often serves also as the best possible medicinal application to the ulcerated surface.† The dentist can occasionally relieve the pain of tooth-

\* *Note on the mode of dilatation of the maternal passages in labor.*—During parturition the maternal canals, viz., the cervix uteri, vagina, and vulva, are no doubt dilated principally by the results of muscular uterine action and mechanical pressure. But they evidently become also dilatable and relaxed by another and an additional process, which is so far independent both of muscular action or mechanical pressure. In proof of this, we find the whole length of the canal of the vagina relaxing and widening during a protracted labor, before the head has yet passed the brim or fully opened the os uteri. This vital process of dilatation seems to me to consist of a rapid development of cells within the tissues of the walls of the maternal canals—just as the thick mucous secretion thrown out upon the free surface of these canals during labor (and indicative when present in great quantity, of great dilatability in these canals) is essentially, and in its ultimate physiological analysis, a rapid development of cells upon the free surface of their mucous coat. The application and stimulus of various substances, as simple warm water, of warm aqueous vapor, oils, simple or stimulant, &c., apparently promotes the dilatability of the tissues of the cervix uteri and vaginal canals, by promoting probably the more rapid formation of these cells. And from various cases which I have seen, I am led to believe that chloroform, both in the form of vapor, or of fluid diluted with oil or lard, will be found specially successful in producing this result, or at least—be the explanation what it may—in producing the required relaxation in cases of anormal or morbid rigidity.

† The vapor of prussic acid carefully applied to the eye, by means of a proper cup or glass, acts probably upon the same principle. It was much recommended some years ago by Dr. Turnbull; but indiscriminately in almost all ocular diseases. From what I have seen in practice,

ache, by the local anæsthesia resulting from the application of a drop of fluid chloroform to the exposed interior of the tooth; or by directing a stream of chloroform vapor upon it. In painful and spasmodic states of the respiratory canals, when chloroform is applied to their mucous surfaces by inhalation, it is difficult, or, indeed, impossible, to tell always whether the resulting relief is the effect of local or of general anæsthesia. In some cases of spasmodic asthma, relief is occasionally obtained by doses too slight to have acted by any general anæsthetic effects; but I have seen other instances of the same disease where the paroxysm was not effectually arrested till a complete state of general anæsthesia was produced. A similar observation holds true with regard to different cases of laryngismus. Sometimes that troublesome affection, hysterical or spasmodic aphonia, is at once cured by a few inhalations of chloroform vapor, acting, perhaps, as much upon the principle of a local as of a general anæsthetic. The irritability of the cough in cases of phthisis, bronchitis, pneumonia, &c., is often effectually relieved by doses apparently too small to have acted otherwise than as local anæsthetics. Lastly, in reference to the topical anæsthetic influence of chloroform upon mucous membranes, let me add, that the swallowing of a few drops of fluid chloroform in oil, cream, soda water, or any other convenient vehicle, sometimes speedily abates nausea, vomiting, obstinate hiccough, &c.—perhaps upon the principle of its acting as a local and limited anæsthetic upon the walls of the stomach.

The preceding observations are limited to the local anæsthetic effect of chloroform upon mucous surfaces and canals. On the skin it produces a topical action, similar in principle, but far less in degree. When the epidermis is removed, or when the skin itself is destroyed, the surface of any existing sore, such as an irritable abrasion, an excoriated nipple, or a benign or carcinomatous ulcer, can be very remarkably anæsthetized and benumbed by the local application of chloroform vapor; but the feelings of great heat and pain, which in the first moments accompany its application, more than counterbalance, in most subjects, the subsequent sedative effects derivable from its use. The various experiments which I have elsewhere detailed, show that chloroform fluid or vapor, when applied to the unbroken human skin, produces a degree and depth of local anæsthesia, that is sufficiently great to be sometimes useful in medicine, while it is not sufficiently great to be useful in operative surgery. In medicine, for example, the local anæsthetic effects of chloroform often prove most beneficial in local neuralgia, local rheumatism, &c.; and chloroform mixed with equal, or with varying parts of olive oil, according to the sensitiveness of the patient's skin, is sometimes, in such cases, the most efficient form of cutaneous topi-

I believe that the use of dilute chloroform vapor and of carbonic acid will become common in affections of the cornea and conjunctiva connected with intolerance of light and supersensibility. They both act not as powerful local anæsthetics merely, but also as excellent medicinal applications to any existing ulcers, &c.

cal anodyne which we can employ. The amount of local anæsthesia, however, thus capable of being produced, is not, as I have just stated, by any means deep enough to enable the patient to endure any operative or surgical procedure. In the earlier part of 1854, however, a variety of experiments were made in the Parisian hospitals, under the full belief that a stream of chloroform vapor projected against the skin might produce such an amount of local anæsthesia, in any given part of the cutaneous surface, as would allow that surface to be cut or operated upon by the surgeon without pain to the patient. Dr. Hardy's anæsthetic douche, or some modification of it, was the instrument usually employed in these experiments. Several alleged cases of the perfect success of this local cutaneous anæsthesia were published in the French journals. It was averred, for example, that M. Dubois had opened with the knife, and without pain, an abscess in the axilla; that M. Nelaton opened an abscess in the foot—the vapor of chloroform having in each case been previously applied to the skin; and that M. Danyan, also without pain, made a caustic issue on the neck—the skin being prepared by the anæsthetic douche. But additional trials very speedily proved the inutility of the practice, as far at least as the possibility of producing by it immunity from the pain of surgical operations was concerned. At the end of these trials, in commenting upon the subject in the Parisian hospitals, M. Latour, the learned editor of the *Union Médicale*, observes—"I have felt, I avow, distressed and humbled with all the noise that has been made, and with the recital of all the numerous experiments that have been tried in this matter. I have not desired to accumulate the record of them in this journal; and I wish that all trace of these facts were, for the honor of French physiology, blotted out as speedily as possible."\*

In fact, the whole of these experiments and inquiries into the possibility of producing a sufficient amount of local anæsthesia for surgical purposes, by applying chloroform to the unbroken skin, resulted in the conclusion which I had already ventured to publish several years previously, namely, that "in the human subject, partial, and perhaps superficial local anæsthesia of a part, as the hand, can be produced by exposing it to the strong vapor of chloroform; but the resulting degree of local anæsthesia is *not* sufficiently deep to allow the part to be cut or operated on without pain."

---

*A Gold Filling removed from the Neck.*—A lady in Tennessee had a gold filling, about the size of a squirrel shot, recently removed from the side of her neck, immediately beneath the angle of the jaw. She was ignorant of the manner in which it got there, but it probably escaped from one of her teeth while eating, and lodged in the fauces or a fold of the mucous membrane of the lower part of the mouth, and from thence made its way to the place from which it was removed.—*American Journal of Dental Science.*

\* L'Union Médicale for 4th March, 1854.



## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

FEB. 11th.—*Pharyngitis. Death. Autopsy.* The case, furnished by Dr. E. H. CLARK, was read by Dr. ELLIS.

The patient, Mr. B—, was an American, married, and about 38 years of age. He had resided for several years in China. During the latter part of his residence there, he suffered from some obscure affection of the kidneys. For six or eight months after his return to Boston, he was under treatment for this renal affection, and gradually and decidedly improved. The treatment consisted chiefly of the administration of chalybeates, with and without iodine, and of bitter tonics. He was so well for five or six months previous to his death, that all medical treatment was discontinued. His habits were temperate, regular and active. About three months before his death, he had slight pharyngitis, accompanied with a very little bloody expectoration. The attack lasted only three or four days, and required little medical treatment.

Early in February, 1856, while the weather was excessively cold, he rode twenty-four hours, day and night, in a stage coach or sleigh. He was at a considerable distance from home, and anxious to return. This ride, in an exposed coach, was followed by another one of twenty-four hours' length, in a railroad car. He thus travelled two days and two nights, uninterruptedly—half the time in a coach and the other half in a railroad car.

At the close of the first day's ride, he felt that his throat was sore, and he was chilly and feverish. At the close of the second day's ride, he was unable to proceed farther. He took a hot foot bath, went to bed in a public house, but found his sore throat growing worse. On the following morning, he applied to a druggist for some cathartic medicine, and took four pills of an unknown character, which moved his bowels fifteen times, during the ensuing twelve or fifteen hours. He then sent for a physician, who reported the following particulars:—The patient was very much prostrated, with a feeble pulse, and unable to speak above a whisper. He complained of no severe pain. There was moderate swelling and tenderness about the fauces. The uvula was swollen and œdematous. Patches of lymph were visible on one side of the fauces and pharynx. Where the mucous membrane was visible, it presented a deep, dark-red hue. Nitrate of silver was applied topically, and anodynes and stimulants moderately given internally. He continued to grow weaker, and died about fifty-six hours after arriving at the hotel, which he reached at the close of his ride of two days and two nights. His body was brought to Boston, where the autopsy was made.

*Autopsy*, thirty-three hours after death, by Dr. ELLIS.

Cadaveric rigidity well marked. Dark-blue discoloration of the depending parts; also of the anterior and lower part of the neck. *Muscles* dark colored. *Veins* filled with blood.

The *uvula* and posterior half of the *soft palate* thickened, of a yellow color, and infiltrated with lymph. The mucous membrane covering the right side of the pharynx, as far as the median line, reddened, superficially ulcerated, and covered, in spots, with thin patches of dirty-white lymph.

The *mucous membrane* of the *larynx*, *trachea* and *bronchi* was of a vivid-red color, but perfectly free from lymph. There was no narrowing of the glottis.

The *lungs* were much congested, but crepitant throughout. Great congestion of the vessels of the pleura.

The *heart* was normal, with much dark, liquid and coagulated, blood in the cavities.

*Liver*, normal. *Spleen*, rather large, and of a purplish color. The *investing capsules of the kidneys* were removed with ease. In various parts of the cortical substance, and in the cones, were purulent collections, many of them one or two lines in breadth and three or four lines in length, their long diameters running in the direction of the tubuli. None were seen which opened into the calices. The tissue immediately surrounding them was of a dark-red color, as if from the effusion of blood.

FEB. 25th.—*Character of the Deposit found in the Ulcers and Glands in Typhoid Fever.* Dr. JACKSON asked if the microscopists who had examined the deposit in the ulcers and mesenteric glands, in cases of typhoid fever, had proved it to be other than an inflammatory product. Notwithstanding the opinion which prevailed to the contrary, Dr. J. was inclined to consider this deposit as simply the product of inflammation.

Dr. ELLIS stated, in reply, that he had examined this deposit from the glands, in the case recently reported by Dr. COALE, and had found it to consist of small irregular corpuscles, somewhat resembling those of tubercle, together with others that could with difficulty be classed; and remarked that he discovered nothing more than might have been found in a simple case of inflammation. Dr. E. had, however, seen, in Vienna, a case where the deposit in Peyer's patches, as viewed by the naked eye, differed from any thing he had observed in the same disease here.

FEB. 25th.—*Delirium Tremens a Ground of Defence in a Case of Murder.* Dr. JOHN WARE alluded to the recent case of McNally, who was tried for murder, and defended on the ground that the act was committed while he was laboring under *delirium tremens*. In a medico-legal point of view the case seemed of great importance, from the difficulty of determining whether the symptoms which were described by the witnesses were sufficient to show clearly the existence of such a case of mental alienation, of the character of *delirium tremens*, as is held by the law to render an individual an irresponsible agent, and consequently afford ground for acquittal.

It was proved in this case, both by medical and other testimony, that the prisoner had suffered from this disease three or four times during the few months preceding, and that the last attack had been in April, about a month before the murder, which was committed in May, 1851. It was distinctly proved that at this time the disease had exhibited its usual symptoms—had run its usual course, and had terminated in the usual way, by a prolonged sleep. The defence consisted in an attempt to show that a similar state of things existed during the four or five days preceding the murder.

In order to this, it was shown that, as early as Sunday—the murder being committed on Friday—the prisoner exhibited symptoms characteristic of the disease; that, during some part of every day afterwards, and especially on Thursday night, similar symptoms presented themselves; and that on Friday night, some hours after the act was committed, he passed into a sleep, in a manner, and of a character, precisely resembling that by which a paroxysm of *delirium tremens* always terminates. These symptoms were described by ordinary observers, in a sufficiently distinct manner, and were all characteristic of the disease; and, taken independently of any other considerations, might have been regarded as conclusive.

But, on the other hand, the evidence was, so to speak, fragmentary in its

character. It referred to only a small part of each of the five days over which it extended, and gave no account of the state in which the nights were passed. Also, what is very important, no evidence was offered of any *continued watchfulness*; for though sleep not infrequently takes place in the course of a paroxysm of delirium tremens, for short periods, still a continued watchfulness is one of its leading characteristics.

A still more important consideration relates to the condition of the prisoner on Friday. Delirium tremens usually terminates within three days. Not infrequently, in those who have had repeated attacks, it may continue four, and in some rare instances five, or even six days. But in such cases the patient is usually reduced to a state of great physical exhaustion, and of extreme nervous excitement and disturbance; incapable of any great exertion, and especially of forming a definite purpose, or of pursuing it to its execution by a series of consistent and persevering efforts. It is, indeed, somewhat characteristic of the disease that the patient is vacillating in purpose, easily diverted, and, even when he conceives and pursues a purpose with energy, it is more apt to be connected with imaginary circumstances or with mistaken perceptions of real ones, than any actual state of things. Now the condition of the prisoner on Friday morning—the state of mind which compelled him to the act, and the mode in which he followed up his intention to its commission, as well as his full perception afterwards of what he had done, were all at variance with what would ordinarily be the condition of a patient on the fifth day of the disease. Still, the peculiar sleep, which took place the same night, rendered a satisfactory judgment extremely difficult; and we are led to the conclusion that, if it were a case of delirium tremens, it was one in many important respects exceptional. Yet, if not technically a case of this disease, the questions would remain, whether its history did not indicate such a condition of mind as ought fairly to remove the prisoner out of the limits of moral responsibility, or whether it did not indicate that state produced by intoxication, which often renders drunkards peculiarly irritable, suspicious and pugnacious, but which does not, in the eye of the law, take away their accountability for crime.

What was wanted in this case was an opportunity for a more searching inquiry into the details of its history between Sunday and Friday, in order to determine whether there was that continuity in the course of the symptoms which is so well marked in this disease.

The difficulties of the case were shown by the fact that after having the case long under consideration, the jury did not agree, and were accordingly discharged, the prisoner being remanded for a new trial.

Dr. COALE remarked that there is a state of excitement produced by the use of stimulants, both alcoholic and narcotic, which he thought is not generally appreciated. This is far short of delirium tremens, or "rum craziness," and might, indeed, in many instances, be entirely overlooked as a specific condition. It consists in an exaggerated irritability of temper which sometimes readily escapes notice, and yet which at others might lead to the commission of acts very different from those of the individuals in their ordinary state. Edgar A. Poe founds one of his most thrilling tales upon this condition, which he describes very graphically and analyzes very carefully—undoubtedly drawing upon his own sad experience. Dr. C. had noticed it in individuals, sometimes the result, though unrecognized, of what they considered a very moderate indulgence in stimulants; at others, the effect of remedies administered. In one case he treated a child with tincture of bark, and after a short time was asked by the mother whether the

medicine he gave could have an effect upon the disposition of the child. He was on the point of answering, decidedly, no; but remembering analogous cases in adults, he altered the tincture to a decoction, upon which the patient returned from her fretfulness and impatience to her former quiet and amiability. In another case, a lady who had long been an invalid, and had borne her sufferings with great patience, recruited under the use of stimuli; but when she had nearly arrived at her full health she found herself irritable—excited by the slightest causes, and unusually fretful. She detected the cause herself, and asked some substitute for the wine and tincture she was taking; and a substitution of tonic *extract* relieved the disagreeable symptoms; but we can readily imagine what might have been the case but for the intelligence and self-control of the patient. In another instance, that of a male patient, whose sufferings required the occasional use of large doses of laudanum, he noticed himself that the next day after sleep had been procured by such means, he was in a state of unbearable irritability of temper; excited at the slightest cause, and irritated because there was no cause. He said he had to keep himself under continued restraint, and it required all his ability and habits of self-control to do this. Dr. C. remarked that other instances might readily be given, but that these were enough to illustrate the point, viz., that there is in some persons an excitement of the temper induced by what is called a moderate use of stimulants, which is not liable to be recognized, and therefore may become unconsciously prolonged until it reaches a point where the action of the individual gets beyond his control.

MARCH 10th.—*Aneurism of the Aorta, unsuspected during Life.* Dr. SHATTUCK reported the case. I. C., æt. 54. Single. Clerk. Born in Boston. Entered the Mass. Gen. Hospital December 21st, 1855.

The patient considered himself perfectly well, though somewhat subject to cough and colds, especially in the winter—until a year ago, when, during the winter, he had more cough than usual, obliging him temporarily to suspend work. He had been rather careless of his health, often remaining for several hours with wet feet. He had also suffered for seven or eight months from dyspepsia, and was not as strong as usual. He had taken but a very small amount of food for the last year, and for four months it had been deficient both in quantity and quality. He had also been low spirited for some time from various causes.

About the last of July, without particular exposure, he experienced a hoarseness, with cough, but no expectoration. The cough has continued since, without abatement, and is troublesome at night; less so in the day. For a month or more he has not risen till late in the morning, and for the last week he has kept his bed most of the time, from weakness. He has not had œdema. Has lost flesh. He knows of no hereditary predisposition to phthisis. The bowels have been inclined to looseness. He has taken prun. virg., but no oil. He is now in bed, quite exhausted from exertion in coming here. The countenance is pallid and thin. He is quite hoarse; there is no pain; no appetite; the bowels are now regular. He lies best on the right side. Pulse 100, regular, small. The skin and tongue present nothing remarkable.

Feb. 22.—The respiration is quite marked over both lower backs; feeble, but vesicular. There is less resonance in the right upper back. The respiration is rude, and the expiration prolonged over the left upper back. The sounds of the heart are very distinct in both superior spinal fossæ. The

resonance of the voice and cough prolonged, and expiration bronchial in the right superior spinal fossæ. No râle is perceptible over either back.

There is dulness and want of elasticity under the sternal ends of both clavicles. Respiration tolerably loud and vesicular over both lower fronts. Less resonance over both second and third ribs; difference most marked on left side. Hoarseness. Cough troublesome at night. Expectoration scanty. Pulse 92, quick, regular, small, strong. The impulse of the heart not remarkable. Sounds clear. Mucous membrane of the mouth anæmic. Some vascular congestion about fauces. No swelling. R. Ol. Morrhuæ, ʒss.; syr. mangan. iodid., gtt. x., three times daily.

From this time the patient complained generally of weakness, and of rheumatic pains in the head and shoulders. Digestion difficult. The bowels generally constipated, but he had one attack of diarrhœa. For the last two or three weeks of his life he kept his bed entirely, eating scarcely anything. The hoarseness continued and rather increased, but the cough was not very troublesome. There was no marked dyspnœa.

On the 25th he was told that he must leave the hospital and go to Deer Island. After the announcement he seemed more depressed than usual, but no other change was noticed. On the night of the 29th, respiration was more noisy, and there was noticed by patients in the ward some rattling, but at 5½, A. M. of March 1st, he seemed apparently as well as usual, and took some drink. In a quarter of an hour after, he was found dead.

At the autopsy, old limited tubercular disease of the lungs was found, together with three pints of serum in the right pleural cavity.

There was a marked dilatation of a portion of the *aorta*, seven inches in length, commencing an inch and a half above the *aortic valves*, and gradually disappearing in the descending portion; for the most part quite uniform, but presenting three distinct prominences; two just above the *cervical vessels*, and a third projecting downwards, over the anterior surface of the *pulmonary artery*, to which it was firmly attached. Near the lower extremity of this last prominence, was a small, ragged opening, through which a little dark, coagulated blood could be forced; but no blood was found in the cavity of the *pericardium*. Upon the surface of the latter, lying in contact with the perforation, was an appearance which might be traced to some adhesion, but none existed at the time of the examination. In the dilated portion of the vessel was a large, firm coagulum, extending entirely around the first two inches, and covering all but a strip, of the posterior wall beyond. With a maximum thickness of an inch and an eighth, in the arch, it gradually became thinner, until it blended with the internal coat of the artery below. It was composed of well-marked concentric layers, of a whitish, yellowish-white, or dull-red color, so arranged as to contrast strongly with each other. Its inner surface was, in one part, covered, as it were, with ripples; in another, irregular or broken, and, in the *descending aorta*, pretty smooth and red, with some slightly elevated white patches. It was easily separated from the lining membrane of the vessel, the coats of which were continuous along the line of the incision; the latter, however, did not pass through the most prominent parts. The lining membrane of the *aorta*, between the valves and the clot, was wrinkled; with some atheromatous deposit beneath it. The disposition of the clot was such that the blood could flow into the *brachio-cephalic vessels*.

The other organs were examined, but nothing of special interest was found.

---

**THE BOSTON MEDICAL AND SURGICAL JOURNAL.**


---

~~~~~  
**BOSTON, MAY 1, 1856.**

---

**CENSUS REPORT OF BOSTON FOR 1855.**

THIS interesting and valuable pamphlet is now before the public, having been distributed as a City Document to the inhabitants. We regard it as the most important work which was ever printed in this city, on the subject of the causes and means of prevention of disease among us, and hope that it will be extensively read, and that the suggestions it contains will be turned to practical account. We cannot lay too much stress on the remarks of Dr. CURTIS, whose thorough acquaintance with the subject of sanitary improvement is no less evident than his deep interest in the welfare of our city. Among much that is worthy of attentive perusal, we cannot forbear to quote the following remarks in reference to the proportion of deaths in the healthy and unhealthy districts of Boston :

" We have shown in the tabulated statement on page 58, that the weight of mortality in Boston fell chiefly on certain much neglected portions of the city, particularly in Wards seven and eight. Had the whole city been as healthy as Ward six (and this Ward contains more than half of the colored population of the city, whose mortality, on the authority of the City Registrar, is greater than that of the whole city), nearly 2,000 lives would have been saved in the single year of 1855. This, it will be remembered, was in a comparatively healthy year, when no unusual epidemic prevailed. We forbear to announce what would have been the case in a year like that of 1847 or 1849, when epidemics swelled the mortality to 3.10 and 3.79, instead of 2.45 per cent. No one will be surprised at these facts, who will take the trouble to visit the abodes, many of them cellars, and nearly all crowded with a dying mass of human beings, which occupy the low land, much of it redeemed from the water, that lies in the northerly, easterly and southerly sections, and suburbs of Boston. They are equal to anything we have ever been able to discover in European cities."

To those who are ignorant or sceptical on the subject of the effect of cleanliness as a prophylactic against disease, we would cite the striking example of the city of Baltimore, which after a thorough purification, in the summer of 1849, escaped the cholera, although the prevalence of diarrhœa, with other symptoms, showed that the disease which prevailed so extensively in other places at the time, was only restrained in Baltimore by want of material; and, in fact, 99 inmates of an almshouse, two miles from the city, which was exposed to putrid emanations from a ravine serving as an outlet to the filth of the establishment, perished by cholera in one month. It is well known that during the same year, Boston was visited comparatively lightly by the epidemic, although several cases occurred in the neglected districts of the city, as was clearly set forth in the admirable Cholera Report, published under the superintendence of Dr. CLARK.

**SMALLPOX AND VACCINATION.—MR. SHATTUCK'S MEMORIAL.**

A MEMORIAL upon the subject of smallpox, and the very noticeable neglect of vaccination for its prevention in this community, has been addressed to the City Council by Mr. Lemuel Shattuck. In the language of one of the daily papers, " he shows that during the 26 years prior to 1837, the



smallpox caused the death of 37 persons, only, in Boston. During the 12 years ending 1849, since the repeal of the act compelling vaccination, it has caused the death of 533 persons. The remedy which Mr. Shattuck proposes is a *general, compulsory* vaccination of the whole of the inhabitants, *enforced* by the authority of the city and conducted by a staff of medical men, to be appointed for the purpose—sensible."

The proposition is certainly a very judicious one, and, from the figures given by the statistician, it would seem that some decided action is imperatively demanded. Foreign immigration has undoubtedly had an influence in increasing smallpox amongst us, and, by consequence, the number of deaths is larger in the second series of years cited than it is in the first; yet doubtless this great mortality might be very essentially diminished—perhaps, finally, annulled, by thorough vaccination on the plan proposed. The great importance of the subject commends it to the serious attention of the profession, and especially to those who by legislative action can cause the necessary law to be enacted.

Not having seen a copy of Mr. Shattuck's document, we are obliged to take the comments of the daily journals as the foundation of our remarks, which, consequently, are but desultory.

#### BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

To those who look back to the delightful social *reunions* of this Society in former years, it must have been peculiarly gratifying to find all their features revived on Wednesday evening, the 23d inst., at the hospitable mansion of Dr. B. E. Cotting, in Roxbury; and no less agreeable must have been the impression upon members who hitherto have not had the good fortune to be present at such gatherings. Several gentlemen, indeed, will record this as their *first* meeting for "medical improvement," as members of the Society; and we are sure that they found it a very satisfactory introduction.

To say that the evening passed off pleasantly, is too tame an expression—joyously, hilariously, gloriously are the proper adjectives! And none seemed to enter more fully into the spirit of the occasion than the generous host, who was everything that an entertainer should or *could* be. Friendly greetings, witty sallies (*masculine gender*), mirthful faces and *roof-lifting* laughter were the prevailing symptoms, and the affection\* rapidly assumed the character of an epidemic, until all were more or less thoroughly down (*not* "in the mouth") with it!

An elegant and bountiful entertainment was served, and a spirit pervaded one room, in particular, that diffused itself with unexampled rapidity among the guests. The most astounding anatomical, and other, *historiettes* were given by the best authorities, and when we left, it was impossible to repress the hearty tribute of three rousing cheers, which were given "with a will," *outside*, of course.

The officers of the Norfolk District Medical Society were invited to meet their brethren from Suffolk, and we were pleased to see that Dr. Childs, of Pittsfield, was among the invited guests. Believing, as we do, in the *improving* effect of such meetings upon the members, we hope they will often be repeated in future.

Should you ask me what was done there,  
Why the doctors made a run there,  
Whether they had any fun there,  
If they made a single pun there,  
I should answer, I should tell you,  
I should read and I should spell you,

All the jokes and stories spun there,  
By the sage and solemn members,  
Members all of our profession,  
Of our noble, huge profession,  
Noble in its ends and aims,  
Huge, indeed, in its proportions,

Very huge in point of numbers,  
In this city, called Trimountain,  
Call'd, long time, the three-hilled city!  
I should tell you, could I do so,  
Could I well and truly do so,  
Do so in a sort of ditty,  
(That I can't the more's the pity!)  
I should say and I should sing you,  
I a hint or two should fling you,  
How we ate the bivalves spicy,  
And the creams and sherbet icy;—  
How we quaffed the "laughing water,"  
Water poured from long-necked *phials*,

*Phials* labelled—*phials* corked well—  
Corked—but uncorked very freely,  
Causing laughter—bringing stories,  
Mingling stories with the laughter,  
And the laughter with the stories,  
Separate, yet all together,  
All together—yet divided.—  
Many more things I might tell you,  
Tell you other things and sundry,  
How unto the same said laughter  
Echoing rang each jolly rafter  
Of the roof—of this—"Hereafter"!

## TEETH EXTRACTED WITHOUT PAIN.—ALEXIS ST. MARTIN.

NEW YORK, APRIL 26th, 1856.

To the Editors of the *Boston Medical and Surgical Journal*.

SINCE my arrival in this city, I availed myself, quite unexpectedly, of a dental operation, which gave me unbounded pleasure and satisfaction, and which I desire to chronicle for the benefit of your readers. It is necessary to state, in the first place, that I have been troubled for years with the stump of a molar tooth, which was the cause, apparently, of occasional severe ear-aches and other neuralgic sufferings, and yet I had not the courage to have it extracted, and was unwilling to take ether or chloroform. One of my friends in this city spoke to me of a Dr. Putnam, at 35 Bond street, who was quite successful in extracting teeth without pain, by means of the freezing process, which has been employed in surgery, but not, until quite recently, for the extraction of teeth. I made my way at once to his residence, and received his assurance that he could perform the service required without causing me any pain. The process of freezing the gum about the tooth did not require more than a minute, and was in no way disagreeable or unpleasant. I did not even recognize any particular sensation of coldness. As he took up his forceps, ready for the operation, I confess that I felt an awful misgiving as to its being performed without pain. In an instant, however, the troublesome fangs were removed, and without any pain or suffering whatever. I surely felt that this was a great triumph of the dental art, and I know of no discovery which is likely to be of greater importance to the human family.

So much pleased was I with the operation, that I requested Dr. Putnam to remove the fangs of another tooth, which I had suffered to remain undisturbed for many years, and this he also accomplished readily, without causing me the least degree of pain.

The gum, after the freezing process, presents a perfectly white appearance. After the extraction, it returns very soon to its natural appearance, and is in no way injured. Dr. Putnam has extracted several thousand teeth without any bad consequences. In my own case there was no soreness of the gums, which often happens when the teeth are extracted in the usual way.

Alexis St. Martin has turned up again, and is staying for the present at French's Hotel. He is under the direction of Dr. Bunting, of Canada, who intends to introduce him to the medical profession of the United States and Great Britain. He is already attracting a great deal of attention in this city. Through the politeness of Dr. Bunting, I was favored with a private interview with St. Martin. He is now 52 years old, and in excellent health. He is about the medium height, rather stoutly built, with black hair, dark eyes, and swarthy complexion. He is a Canadian Frenchman. He has a wife and five children dependent on him for support. His business at home is that of a wood chopper, receiving twenty-five cents per cord for his labor. He says that he can cut from one and a half to two cords per day. This must furnish a very meagre support for his large family. Dr. Bunting intends to lecture and thereby raise a fund for the support of St. Martin and those dependent on him, so that the remainder of his days may be devoted to the cause of science. I understand that the two will shortly visit Boston.

I examined the stomach of St. Martin through the opening in his side, and saw the organ perform its strange and varied functions. The mucous membrane had a very red, and, as I should have judged, almost morbid appearance, but this was owing, as it would seem, to the digestive process, which had not been completed since his breakfast, and which causes the blood, as we know, to flow very freely into the organ. After digestion is completed, the mucous membrane assumes a much paler color.

St. Martin constantly wears a compress over the orifice in his side, leading into his stomach. Otherwise the contents of the organ would be immediately expelled. He

swallowed a pint of water in my presence, and then removed the compress. Immediately, almost, the water gushed out forcibly from the stomach, through the external orifice, due, of course, to the very strong contractions of the organ. The water was caught in a basin, and contained some chyme, and portions of undigested food.

St. Martin is truly a novelty; such a one as we may never meet with again, and it is to be hoped that the medical profession will avail themselves of the present opportunity to gain additional knowledge of the physiology of digestion. Barnum, I understand, is after St. Martin, and although the latter might be useful in putting money into the pocket of the impoverished showman, yet he belongs legitimately to the profession, and would be much more serviceable in the cause of science than in merely satisfying the idle curiosity of the public.

M. MATTSO, M.D.

#### THE "THIRD LUNATIC HOSPITAL."

A good deal of debate followed the report of the Committee on Public Charitable Institutions in the House of Representatives, to which we alluded in our last number, recommending a discontinuance of the building now in process of construction at Northampton for a lunatic hospital. A special committee was appointed to proceed to Northampton, and ascertain the expense of permanently suspending the work. This committee have estimated the expense, including the payments already made, at \$68,020, or a little more than one quarter of the whole expense of building and furnishing the institution, the estimates being made to Wednesday, April 23, the time limited by the contractors in their offer of settlement. The report awaits the action of the Legislature.

#### JUICE OF THE "HOUSE-LEEK" CURATIVE OF WARTS.

The following facts were lately stated to us by Dr. W. W. Codman, of this city. One of his children, a boy of 5 years, had an abundant crop of warts upon the face and hands. All the usual means were unavailingly and perseveringly tried for their removal. Lunar caustic, and even excision, wholly failed to eradicate them. By casual recommendation, the juice of the common house-leek (*Sempervivum Tectorum*, said to grow abundantly among us), was applied to the warts a few times, with the result of causing their entire disappearance in a very short time. So manifest was the action, that no one could refuse to assign the credit of the cure to the juice of the plant used. Should this be found successful on renewed trial, it will certainly be a very valuable, as well as a simple, and easily procured, remedy.

**Medical Miscellany.**—Dr. Roberts described, before the Royal Scottish Society of Arts, his method for cauterizing the dental nerve, whereby a tooth may be stopped without pain, or a stump become a support for a new tooth; while the use of arsenic, and the ordinary intimidating mode of cauterization, are avoided. He applies a wire to the patient's tooth, and heats it by means of a small Grove's battery. "The advantages," he says, "to be obtained by this instrument are: its easy application to the desired spot in the mouth, and that perfectly cold, instead of alarming the patient by holding a red-hot iron before his face; it being at once raised to the required heat, and no more than the mere point of the wire used being heated; also being at once cooled on simply removing the finger from the spring."—Dr. Moleschott, of Heidelberg, investigating the influence of light on the phenomena of respiration, finds that animals breathe one fifth less frequently in the dark than in the light.—Dr. Vierardt, the inventor of a pulse-indicating instrument, shows that in man the frequency of the pulse is diminished by increase of temperature.

ERRATUM.—In No. 11, page 223, fifteenth line from the bottom, for *temporal* read *temporary*.

**Communications Received.**—Case of Labor in a Patient whose Vagina was closed by a Firm Membrane.

**Deaths in Boston** for the week ending Saturday noon, April 26th, 76. Males, 38—females, 38. Inflammation of the brain, 2—congestion of the brain, 2—burns, 1—consumption, 14—convulsions, 3—croup, 4—dropsy, 2—dropsy in the head, 3—debility, 2—infantile diseases, 5—puerperal, 2—exhaustion, 1—erysipelas, 1—inflammatory fever, 1—typhoid fever, 1—scarlet fever, 1—hydropericarditis, 1—disease of the heart, 1—disease of the kidneys, 3—inflammation of the lungs, 3—marasmus, 4—measles, 1—old age, 2—peritonitis, 1—scrofula (general tuberculosis), 1—smallpox, 4—scarlatina, 1—teething, 5—tumor, 1—unknown, 1—uterus, inflammation of, 1—whooping cough, 1.

Under 5 years, 32—between 5 and 20 years, 9—between 20 and 40 years, 17—between 40 and 60 years, 11—above 60 years, 7. Born in the United States, 57—Ireland, 17—Germany, 1—British Provinces, 1.

*Lord Robert Grosvenor, Homœopathy and Dr. Williams.*—Lord R. Grosvenor, in his speech on the Medical Profession Bill, quoted Dr. Chambers as having stated that "Dr. Williams had no confidence in medicine." The Dr. Williams here alluded to is the late Dr. Robert Williams, and the allusion itself may be found in the volume of "The Lancet" for 1846, which contains Dr. Chambers's address as President of the Medico-Chirurgical Society. The value of the phrase to the homœopaths will be appreciated at its true value by those who knew Dr. R. Williams in his early years, and witnessed his enthusiastic pursuit of specifics, resulting, for example, in the discovery of the use of iodide of potassium, and who again, in his later years, were aware of the change which came over the character and habits of the man, when, worn out and disappointed at failing to fulfil his desire to discover a specific for phthisis, he became, to say the least of his state of mind, desponding and apathetic. The allusion has been most inaptly supposed to refer to Dr. C. J. B. Williams, a physician whose teaching and practice have been exactly the converse of that which Lord R. Grosvenor's assertion would have led one, ignorant of the facts, to suppose.—*London Lancet*.

Two servant girls, living with Mr. Raymond, near Chelmsford, placed a pail of heated coke in their bed-room. Next morning they were found lying apparently lifeless—their faces a purplish-black, their eyes set, their hands clenched, and their limbs cold and rigid. By forcing cold water between their lips, and applying hot water and friction to their feet, they were, with great difficulty, recovered.—*Ibid*.

*The Birth of a Giraffe at the Zoological Gardens of Paris.*—A giraffe, of the male sex, has just been born at these gardens (March 3d), and the event is looked upon with much interest in the French capital, as it is the first time that a reproduction has taken place with these African animals, either in France or over the whole continent. The young giraffe is already six feet high.—*Ibid*.

Three young lions were born in the menagerie in Howard street, in Boston, on Wednesday of last week; two of them have since died.

*Fish with Four Legs—Queer Freak of Nature.*—We saw yesterday a queer creature for this part of the country, viz., a fish having four distinct and useful legs. Near Fort Defiance, New Mexico, there is a stream of water which comes down from a cannon in the mountains, and just before meeting the Fort, suddenly sinks into the earth, and is lost to view. It does not communicate with any other stream on the surface. In this brook the legged creatures abound. The only mention of these fish was made by Capt. Howard Stanfield, some years ago, but these that we saw were the only specimens ever brought to this country. The four legs are placed precisely as the legs of the alligator and very much resemble them in form. They are not useless excrescences, but real legs, and are used to advantage in procuring flies on the edge of the stream.—*Rochester Union*.

*Apothecaries' Charges after Midnight.*—A correspondent sends us his complaint of an apothecary who would not let him have some medicine after midnight, because he had not with him the necessary change—a sum which was a great deal larger than he had often paid by daylight. The case may have been aggravated. But there is certainly no sin in charging more for getting up out of a sound sleep, opening a store and preparing a medicine at an unseasonable hour, than for composing the same package by daylight. We suspect that all wise apothecaries are careful to make this proper distinction in their charges. If they do not, they ought to, in self-defence.—*New York Daily Times*.

*Early Indications of Sickness.*—The ship David Hoadley, Capt. Magna, 46 days from Antwerp, arrived at quarantine, having lost on the passage 27 children and one adult, 8 having been sent ashore to the Marine Hospital sick. This is, perhaps, one of the most remarkable cases on record of mortality on shipboard among infant passengers. The disease which proved so fatal was a species of cholera infantum. The adults suffered no more than the usual ratio of death and sickness—only one having died on the way, and but two being sent to the Hospital. The ship was detained at quarantine by the Health Officer for cleansing and fumigation.—*Ibid*.